

Minutes of the Annual Meeting of the Board of Directors of the Cook County Health and Hospitals System held Friday, July 26, 2013 at the hour of 8:00 A.M. at 1900 West Polk Street, in the Second Floor Conference Room, Chicago, Illinois.

I. Attendance/Call to Order

Chairman Carvalho called the meeting to order.

Present: Chairman David Carvalho, Vice Chairman Jorge Ramirez and Directors Hon. Jerry Butler; Lewis M. Collens; Ada Mary Gugenheim; Wayne M. Lerner, DPH, FACHE; Luis Muñoz, MD, MPH; Carmen Velasquez; and Dorene P. Wiese, EdD (9)

Present

Telephonically: Director M. Hill Hammock (1)

Absent: Director Reverend Calvin S. Morris, PhD (1)

Chairman Carvalho stated that Directors Hammock and Morris were unable to be physically present, but were able to participate in the meeting telephonically.

Director Muñoz, seconded by Vice Chairman Ramirez, moved to allow Directors Hammock and Morris to participate as voting members for this meeting telephonically.
THE MOTION CARRIED UNANIMOUSLY.

Director Hammock indicated his presence telephonically.

Additional attendees and/or presenters were:

Letty Close – Chief of Staff to the Chief Executive Officer
Krishna Das, MD – System Director of Quality, Patient Safety, Regulatory and Accreditation
Patrick T. Driscoll, Jr. –State’s Attorney’s Office
Claudia Fegan, MD – Executive Medical Director/Medical Director Stroger Hospital
Randolph Johnston – System Associate General Counsel

Gladys Lopez – Chief of Human Resources
Ram Raju, MD, MBA, FACS, FACHE – Chief Executive Officer
Elizabeth Reidy – System General Counsel
Deborah Santana – Secretary to the Board
John Jay Shannon, MD – Chief of Clinical Integration
Ozuru Ukoha, MD – John H. Stroger, Jr. Hospital of Cook County

II. Public Speakers

Chairman Carvalho asked the Secretary to call upon the registered speakers.

The Secretary called upon the following registered speakers:

1. George Blakemore Concerned Citizen
2. Ryan Wynia President, Firebone

III. Annual Elections and Ratification of Rules of the Board

A. Election of Chairman of the Board of Directors of the Cook County Health and Hospitals System

Vice Chairman Ramirez temporarily assumed the Chair.

Acting Chairman Ramirez opened the floor for nominations for Chairman of the Board of Directors of the Cook County Health and Hospitals System.

Director Butler, seconded by Director Lerner, moved to nominate David Carvalho as Chairman of the Board. As there were no further nominations, the floor was closed. A voice vote was taken to approve the election of David Carvalho as Chairman and the MOTION CARRIED UNANIMOUSLY.

Chairman Carvalho assumed the Chair.

B. Election of Vice-Chairman of the Board of Directors of the Cook County Health and Hospitals System

This item was taken out of order.

Chairman Carvalho opened the floor for nominations for Vice Chairman of the Board of Directors of the Cook County Health and Hospitals System.

Director Muñoz, seconded by Director Velasquez, moved to nominate Jorge Ramirez as Vice Chairman of the Board. As there were no further nominations, the floor was closed. A voice vote was taken to approve the election of Jorge Ramirez as Vice Chairman and the MOTION CARRIED UNANIMOUSLY.

C. Ratification of the Rules of Organization and Procedure of the Board of Directors of the Cook County Health and Hospitals System (Attachment #1)

Chairman Carvalho provided an overview of the proposed Amendments to the Rules of Organization and Procedure of the Board of Directors of the Cook County Health and Hospitals System.

Director Velasquez, seconded by Director Muñoz, moved the approval of the proposed Amendments to the Rules of Organization and Procedure. THE MOTION CARRIED UNANIMOUSLY.

IV. Board and Committee Reports

A. Minutes of the Board of Directors Meeting, June 27, 2013

Director Lerner, seconded by Director Butler, moved the approval of the Minutes of the Board of Directors Meeting of June 27, 2013. THE MOTION CARRIED UNANIMOUSLY.

IV. Board and Committee Reports (continued)

**B. **Minutes of the Quality and Patient Safety Committee Meeting,
July 10, 2013**

- **Medical Staff Appointments/Reappointments/Changes**

Director Muñoz, seconded by Vice Chairman Ramirez, moved the approval of the Minutes of the Quality and Patient Safety Committee Meeting of July 10, 2013. THE MOTION CARRIED UNANIMOUSLY.

**C. **Minutes of the Audit and Compliance Committee Meeting,
July 10, 2013**

Director Muñoz, seconded by Director Velasquez, moved the approval of the Minutes of the Audit and Compliance Committee Meeting of July 10, 2013. THE MOTION CARRIED UNANIMOUSLY.

D. Minutes of the Finance Committee Meeting, July 19, 2013

- **Contracts and Procurement Items (detail was provided as attachment to Board Agenda)**
- **Approval of Transfer of Funds requests**

Vice Chairman Ramirez, seconded by Director Butler, moved the approval of the Minutes of the Finance Committee Meeting of July 19, 2013. THE MOTION CARRIED UNANIMOUSLY.

E. Minutes of the Human Resources Committee Meeting, July 19, 2013

Director Butler, seconded by Vice Chairman Ramirez, moved the approval of the Minutes of the Human Resources Committee Meeting of July 19, 2013. THE MOTION CARRIED UNANIMOUSLY.

V. Action Items

A. Contracts and Procurement Items

There were no Contracts and Procurement Items presented for the Board's consideration.

B. Any items listed under Sections III, IV, V and VIII

VI. Report from Chairman of the Board

A. Discussion of Committee Assignments and Board and Committee meetings times

Chairman Carvalho stated that he has received indications of interests from all of the Board Members with respect to Committee assignments; he plans to contact the Directors over the weekend to make sure everyone is comfortable with the tentative assignments that he has put together. The assignments do not require the approval of the Board, so once he has had a chance to speak with everyone, the assignments can be made and will be in effect immediately after they are announced.

With respect to Board and Committee meeting times, he stated that, as is required under the Open Meetings Act, last year in December the Board adopted a schedule of meeting times and dates for 2013; this is done before the beginning of each calendar year. He suggested that, for the month of August, the Board and Committees should meet according to that schedule - each Committee at their August meeting can discuss whether the same date and time should be kept or whether something different might be desirable for the remainder of the 2013 schedule, starting in September. At the next Board Meeting, a report can be given from each Committee regarding whether they want to continue to meet according to the schedule previously adopted, or if they would like the Board to adopt a new schedule for their 2013 meetings.

Chairman Carvalho stated that one of the other matters that the Committees should discuss, and be prepared to discuss as a Board at the next meeting, is the 2014 Board schedule and Committee scheduling options. He asked that the Board be prepared to discuss whether Friday mornings at 8:00 A.M. will continue to be an appropriate time for the Board to meet; additionally, the Board can discuss options for scheduling Committee meetings. Some of those options include identifying opportunities for scheduling some meetings back-to-back on the same day, or having the Committees and the Board all meet on the same day.

Chairman Carvalho encouraged any of the Directors to make suggestions for any other options. Director Lerner noted that the Board needs to strike a balance between paying attention to the fact that it operates under the Open Meetings Act, while also minimizing the hassle factor and the work of the staff. He stated that one of the reasons why many other organizations have gone to a consolidated schedule is because it really focuses the staff's attention to one or two days, instead of being spread out over a series of days in a month - having staff attend so many different functions takes their eyes off the ball on the other things they need to get done.

During the presentation of the Chairman's report, Letty Close, Chief of Staff to the Chief Executive Officer, introduced and welcomed individuals who were present who are participating in a fellowship program operated through the President's office and sponsored by the Civic Consulting Alliance.

B. Board Education - Set Targets Achieve Results (STAR) Report (Attachment #2)

Dr. Krishna Das, System Director of Quality, Patient Safety, Regulatory and Accreditation, provided an overview of the information contained in the STAR Report. The Board reviewed and discussed the information.

VI. Report from Chairman of the Board

B. Board Education - Set Targets Achieve Results (STAR) Report (continued)

With regard to wait times, Director Collens inquired whether the wait time in the emergency room for patients who are non-emergent is dramatically different from the wait time of a patient who is in the emergency room for a true emergency. Dr. Das responded that staff reviews the data on wait times for patients who are admitted versus those patients who are discharged. For patients who are discharged, the wait times are longer; the implication is that the patients who are admitted are the sickest of the population, and their wait times are shorter. To more specifically answer whether staff has a true sense of the wait times for patients who are only seeking primary care, Dr. Das stated that she will refer that question to the Emergency Department and see if they separate that data out¹.

Chairman Carvalho inquired regarding the development of measures, targets and format for the STAR Report; it was noted that the STAR Report is compiled and issued through the President's Office. Chairman Carvalho stated that, in prior meetings, Dr. Das has presented a quality dashboard. The first iteration of that did not have national benchmarks, so it was hard to put it into context; later, when some of the percentile measures were included in the more recent dashboards, it dramatically put things into context. He stated that in the absence of some benchmark or understanding as to how the targets are set, the Board does not have a way to see if they are ambitious targets. Dr. Das stated that the System is at liberty to set its own choice of metrics for the STAR Report; with input from the Board and Dr. Ram Raju, Chief Executive Officer, the administration can make those choices. With regard to the more general question about how these metrics and targets are selected, she stated that there is an immense amount of quality and benchmark data, so the STAR Report is really a high-level presentation of specific benchmarks that the System has chosen.

Chairman Carvalho stated that he wanted to introduce this as a topic so the Board has some understanding of how to respond to this report, and also to suggest that the appropriate committees might want to go into that in some more detail, inasmuch as this is not an internal document. Dr. Das stated that the System's quality data can be presented in more detail to the Committees and Board.

Director Lerner stated that his presumption is that this data is vetted by the Quality and Patient Safety Committee; however, this Report takes it a step further, where it starts to link quality and finance, in a way that most places have not done. Additionally, with regard to CountyCare and any type of managed care, how one measures the quality and financial indicators of managing a population is going to be very different, and really crosses over to two committees.

Chairman Carvalho agreed. Independent of this Report, in the Quality and Patient Safety Committee there has been the development of the dashboard and measures that go into greater detail than this; in the Finance Committee it is less well developed, but the Finance Committee has been working towards a dashboard and financial measures that also go beyond, but obviously derived from the same data as this report. He stated that this report brings it all together, but there is more in-depth work done at the committee level.

In response to a question from Director Collens regarding a reference in the report relating to the Department of Justice (DOJ) and Cermak Health Services, Elizabeth Reidy, System General Counsel, stated that the County of Cook is subject to a Consent Decree - both the Cook County Department of Corrections under the Sheriff, as well as Cermak Health Services, which is the health facility within the Department of Corrections, are involved. Staff routinely comes before this Board for the Cermak part of it, to give an update on the status of monitoring. This matter is before the Federal District Court. Mainly on the System's end, it is in compliance, except with regard for the staffing plan, but efforts are being made to quickly come into compliance.

VI. Report from Chairman of the Board

B. Board Education - Set Targets Achieve Results (STAR) Report (continued)

Patrick T. Driscoll, Jr. Chief of the Civil Actions Bureau of the Office of the State's Attorney, provided additional information. He stated that the Consent Decree was entered into by agreement in June 2010, following a two-year negotiation period with the DOJ. A lot of progress has been made; many areas are in substantial compliance, and other areas are in partial compliance. He noted that the medical monitor recently submitted his seventh report, and then resigned, so there will be a replacement of the medical monitor in the next month or two.

With regard to the data on patients who leave the emergency room without being seen, Director Butler noted that the percentage of people leaving without being seen is just about the same at Stroger Hospital as it is at Provident Hospital. He inquired whether data is available regarding how long those patients wait before leaving. Dr. Das indicated that she will get that data for him from the Emergency Department².

With regard to the data on patient satisfaction, Director Lerner stated that, he would like to congratulate the staff because for a public safety net institution, these are astronomically high numbers compared to most other safety net institutions; he noted that most people who go to a safety net institution do not want to be there compared to other places that they might want to be. However, he stated that when the System moves toward pay-for-performance, and payment is linked to patient satisfaction, this is another indicator where quality and finance come together, so more and more attention will need to be paid to patient satisfaction. Discussions have been held in other arenas to try to get the Centers for Medicare and Medicaid Services (CMS) to change its standards and recognize that safety net institutions should be evaluated under a different basis than, for example, suburban institutions; the System will need to be diligent in working towards improving patient satisfaction because regulations and payment policies are not expected to change anytime soon.

Dr. Raju stated that the data shows that there is a lot of work to be done to improve the patient experience component of this. The two factors that come into play are: 1) adequate staff is needed to take care of the patients to make their experience better; and 2) the culture of the staff needs to change so that the patients feel listened to and welcomed. Because this is so important to the System's transformation, a new position of Patient Satisfaction Officer has been created; that person will be responsible for monitoring patient satisfaction. The position will report to Strategic leadership, so there will be an independent view of what is happening. He added that recruitment for the position is active.

Director Muñoz inquired as to how this information is being shared with those who can affect change. Dr. Das responded that, in the last year, the administration has made a very big effort to get this data out in a variety of forms, to management across the System, as well as to all of the staff. Besides presenting it here, it has been presented it to the Executive Medical Staffs (EMS), because the administration feels that EMS needs to take ownership of this data; therefore, it has been presented in great detail to the physicians in the Ambulatory Network and at Provident and Stroger Hospitals. It has been presented to nursing leadership – nursing takes their unit-specific data, posts it on the unit, nursing managers on the unit discuss the scores with their staff during their regular meetings, and they have prioritized improvement within all the units at Stroger Hospital. In addition, Dr. John Jay Shannon, Chief of Clinical Integration, has presented this at System leadership meetings, so it has reached all of the different levels.

VII. Report from Chief Executive Officer (Attachment #3)

Dr. Raju provided an update on the following subjects: CountyCare; Joint Commission Accreditation; Legislation; FY2014 Budget; Oral Health; and Recognition of Employees.

Dr. Raju provided additional information on the update on CountyCare. He stated that the System just passed its six-month mark with CountyCare; 80,679 applications have been initiated, so the System is quickly approaching the goal of 115,000. The System has done very well with the help of a lot of folks - there was enormous media outreach and community support; he thanked his staff, as well as the community leaders and a lot of people who worked to make this happen. He noted that his written report (Attachment #3) states the number of applications that have been initiated as 76,000; he sends a newsletter every month, and when it went to press there were 76,000 applications initiated, but now that number has reached over 80,000.

In response to a question from Director Velasquez regarding the initiated applications that have been approved, Dr. Raju responded that some of that information was included at the Finance Committee Meeting. The State has increased the number of people who are going to validate applications to 103 people. These people are all located in the space leased by the System, which is very close to Stroger Hospital. They have started turning over more applications, and there is a little bit of lag time in catching up, but he was assured by the State that they will do everything possible to get the applications together. He added that there has been significant improvement in the last couple of weeks.

With regard to the update on the FY2014 Budget, Chairman Carvalho stated that, at the Finance Committee Meeting, there was a preliminary conversation about a timeline that involved the Finance Committee getting the Preliminary Budget at one meeting and the Board adopting it a week later; however, he stated that it looks like this was revised to now allow for a more stretched-out process. He stated that it is nonetheless an aggressive schedule, just by its nature. He provided an overview of the process. The System's Finance Committee reviews and recommends adoption of the budget, and submits it to the System Board for adoption. Upon System Board adoption, it is submitted to the Cook County Board for them to adopt it in totality or not, without amendment. If the Cook County Board adopts it, it is then submitted to the County Board President, who wraps her entire budget for Cook County around the System's budget and submits it back to the Cook County Board. The Cook County Board considers that entire proposed County Budget, which includes the System's budget - at that time, if they choose, they may consider amendments to any components of the proposed County budget, and when that budget is adopted it becomes the budget of the County. The County's fiscal year starts December 1st, and many of these steps have timelines written in ordinance or statute. If the President and the Cook County Board want the budget to be adopted before the fiscal year begins, then they have to start that process by a certain date. He noted that there are pressures built into the system for each step of the way to be done with some dispatch, and appreciated that Dr. Raju has developed this timeline that is going to allow the System Board a little more time to look over the budget.

VIII. Closed Session Items

- A. Stroger Hospital Medical Staff Matter(s)**
 - i. Appointment of Division Chairs**
 - ii. Reappointment**
- B. Claims and Litigation**
- C. **Minutes of the Quality and Patient Safety Committee Meeting, July 10, 2013**
- D. **Minutes of the Audit and Compliance Committee Meeting, July 10, 2013**

VIII. Closed Session Items (continued)

Vice Chairman Ramirez, seconded by Director Velasquez, moved to recess the regular session and convene into closed session, pursuant to the following exceptions to the Illinois Open Meetings Act: 5 ILCS 120/2(c)(1), regarding “the appointment, employment, compensation, discipline, performance, or dismissal of specific employees of the public body or legal counsel for the public body, including hearing testimony on a complaint lodged against an employee of the public body or against legal counsel for the public body to determine its validity,” 5 ILCS 120/2(c)(2), regarding “collective negotiating matters between the public body and its employees or their representatives, or deliberations concerning salary schedules for one or more classes of employees,” 5 ILCS 120/2(c)(11), regarding “litigation, when an action against, affecting or on behalf of the particular body has been filed and is pending before a court or administrative tribunal, or when the public body finds that an action is probable or imminent, in which case the basis for the finding shall be recorded and entered into the minutes of the closed meeting,” 5 ILCS 120/2(c)(12), regarding “the establishment of reserves or settlement of claims as provided in the Local Governmental and Governmental Employees Tort Immunity Act, if otherwise the disposition of a claim or potential claim might be prejudiced, or the review or discussion of claims, loss or risk management information, records, data, advice or communications from or with respect to any insurer of the public body or any intergovernmental risk management association or self insurance pool of which the public body is a member,” 5 ILCS 120/2(c)(17), regarding “the recruitment, credentialing, discipline or formal peer review of physicians or other health care professionals for a hospital, or other institution providing medical care, that is operated by the public body,” and 5 ILCS 120/2(c)(28), regarding “meetings between internal or external auditors and governmental audit committees, finance committees, and their equivalents, when the discussion involves internal control weaknesses, identification of potential fraud risk areas, known or suspected frauds, and fraud interviews conducted in accordance with generally accepted auditing standards of the United States of America.”

On the motion to recess the regular session and convene into closed session, a roll call was taken, the votes of yeas and nays being as follows:

Yeas: Chairman Carvalho, Vice Chairman Ramirez and Directors Butler, Collens, Gugenheim, Lerner, Muñoz, Velasquez and Wiese (9)

Nays: None (0)

Absent: Directors Hammock and Morris (2)

THE MOTION CARRIED UNANIMOUSLY.

Chairman Carvalho declared that the closed session was adjourned. The Board reconvened into regular session.

Director Muñoz, seconded by Director Lerner, made the following motion: with regard to the Division Chair appointments which were the subject of Item Number One in closed session under Section VIII.A., Stroger Hospital Medical Staff Matters, of the July 26, 2013 Agenda of the CCHHS Board of Directors, move to defer the appointment of the physician(s) as discussed in closed session and approve the remainder of the appointments for two years. THE MOTION CARRIED UNANIMOUSLY.

VIII. Closed Session Items (continued)

Director Muñoz, seconded by Director Lerner, made the following motion: with regard to the Medical Staff Member who was the subject of Item Number Two in closed session under Section VIII.A., Stroger Hospital Medical Staff Matters, of the July 26, 2013 Agenda of the CCHHS Board of Directors, move to approve the application for reappointment under the terms recommended by the Joint Conference Committee as discussed during closed session with the clinical privileges as requested. THE MOTION CARRIED UNANIMOUSLY.

IX. Adjourn

As the agenda was exhausted, Chairman Carvalho declared the MEETING ADJOURNED.

Respectfully submitted,
Board of Directors of the
Cook County Health and Hospitals System

XXXXXXXXXXXXXXXXXXXXXXXXXXXX
David Carvalho, Chairman

Attest:

XXXXXXXXXXXXXXXXXXXXXXXXXXXX
Deborah Santana, Secretary

¹ Follow-up: Dr. Das to address question regarding wait times in the Emergency Department for those patients seeking primary care. Page 5.

² Follow-up: Dr. Das to address question regarding patients who leave the Emergency Department without being seen – how long do they wait before leaving? Page 6.

Cook County Health and Hospitals System
Minutes of the Annual Meeting of the Board of Directors
July 26, 2013

ATTACHMENT #1

RULES OF ORGANIZATION AND PROCEDURE
Of the Board of Directors of the
Cook County Health and Hospitals System

Draft with Proposed Amendments for 7/26/13 CCHHS Board Meeting

RULES OF ORGANIZATION AND PROCEDURE
Of the Board of Directors of the
Cook County Health and Hospitals System

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Preamble

The Cook County Board of Commissioners established the Cook County Health and Hospitals System (“CCHHS”) by Ordinance. The CCHHS is governed by a Board of Directors (“System Board”) as set forth in the Ordinance. The Ordinance sets forth the mission of the CCHHS and the general powers and duties of the System Board. In order to provide for the orderly implementation of the Ordinance, the System Board adopts these Rules.

Rule 1. Purpose.

The purpose of these Rules is to:

- (a) Provide appropriate procedures and organization for the System Board to conduct its business in an orderly and efficient manner; and
- (b) Foster accountability in the CCHHS.

Rule 2. Definitions.

The following words, terms and phrases, when used in these Rules, shall have the meanings ascribed to them in this section, except where the context clearly indicates a different meaning:

- (a) *Affiliate or CCHHS Affiliate* means the health care entities comprising the Cook County Health and Hospitals System including the Ambulatory Community Health Network of Cook County, Cermak Health Services of Cook County, the Cook County Department of Public Health, Provident Hospital of Cook County, the Ruth M. Rothstein CORE Center of Cook County and the John H. Stroger, Jr. Hospital of Cook County.
- (b) *CCHHS* means the Cook County Health and Hospitals System.
- (c) *Chair* means the Chair of the System Board.
- (d) *Committee Chair* means the chair of a Standing or Special Committee.
- (e) *Committee* means a committee of the System Board and includes a Standing Committee or Special Committee.
- (f) *Director* means a currently serving member of the System Board.
- (g) *Ordinance* means the Cook County Ordinance Establishing the Cook County Health and Hospitals System, as amended from time to time.
- (h) *Secretary to the Board* means the Secretary to the System Board
- (i) *Subcommittee Chair* means the chair of a Standing Subcommittee or Special Subcommittee.

- (j) *Subcommittee* means a subcommittee of a Committee of the System Board and includes a Standing Subcommittee and Special Subcommittee.
- (k) *System Board* means the eleven-member Board of Directors charged with governing the Cook County Health and Hospitals System pursuant to the Cook County Ordinance Establishing the Cook County Health and Hospitals System.
- (l) *Vice Chair* means the Vice Chair of the System Board.

Rule 3. Interpretation, force and effect.

- (a) *Applicability.* The meetings and actions of the System Board, including all of its Committees, shall be governed by these Rules.
- (b) *Effective date.* These Rules shall be in full force and effect upon adoption by the System Board, and shall remain in full force and effect except as amended in accordance herewith, or until superseded by new rules.
- (c) *Interpretation.* These Rules are to be construed in accordance with the customary American usage and meaning of parliamentary terms and expressions and the plain meaning of the ordinary words appearing herein. In case of ambiguous application, these Rules shall be applied in a manner that fosters openness, accountability and fairness in the operation of the System Board.

Rule 4. Organization.

- (a) *Officers.* Each year at its Annual Meeting, the System Board shall elect Directors to serve as Chair and Vice Chair. A Director may be elected to either of the officer positions for successive terms.

(1) Chair.

The Chair shall preside at all meetings of the System Board; shall appoint the members of all Committees and designate their Committee Chair; and shall be an ex-officio member, without vote, of all Committees to which the Chair is not an appointed member, unless the Chair is appointed to serve as a substitute member in order to achieve a quorum pursuant to Rule 4, Organization, Section 4(d)(5). Unless otherwise instructed by the System Board, the Chair may, at his or her discretion, refer matters before the System Board to the proper Committee of said System Board for consideration and recommendation. The Chair or the Chair's designee shall be responsible for all correspondence of the System Board.

(2) Vice Chair.

The Vice Chair shall perform the duties of the Chair in the Chair's absence or in the event of the Chair's resignation, death, disability or recusal pending selection of the Chair's successor at either a regular or Special meeting of the System Board.

- (b) *Secretary to the Board.* A full-time Secretary to the Board shall be employed by the System and shall report directly to the Chair. Additional qualified System personnel may be approved by the Chair to fulfill the duties of the Secretary to the Board during periods of unavailability or to perform duties and responsibilities assigned by the Secretary to the Board when activity volumes require that additional personnel be assigned for this purpose. The Secretary to the Board shall keep suitable records of all proceedings of each meeting of the System Board and its Committees and Subcommittees. After approval, such records shall be read and signed by the Chair or the presiding officer, and attested by the Secretary to the Board. The System Board may have a seal on which shall be engraved the name of the CCHHS, and said seal shall be kept by the Secretary to the Board and used in authentication of all acts of the System Board.
- (c) *Committees and Subcommittees.*
 - (1) The number of members of each Committee shall be determined by the Chair but in no event shall a Committee consist of less than three (3) Director members.
 - (2) The Standing Committees of the System Board shall include, but not be limited to:
 - A. Audit and Compliance. This Committee shall receive and review the audit reports prepared by internal departments and oversee the financial reporting process on behalf of the CCHHS. This Committee shall oversee the selection of independent auditors for the CCHHS in accordance with the Ordinance, review accounting policies and financial reporting and disclosure practices of the CCHHS, and review the effectiveness of the CCHHS internal financial controls. Additionally, the Committee will assist the System Board in fulfilling its oversight responsibilities of the CCHHS corporate compliance effort. This Committee shall further develop its responsibilities and determine a plan to implement those responsibilities. This Committee shall consider other matters as may be assigned by the System Board.
 - B. Finance. This Committee shall be familiar with and review the income and expenditures of the CCHHS, advise the Chief Executive Officer, ~~System Chief Operating Officer~~ System Chief of Clinical Integration and System Chief Financial Officer in preparation of the budget, review the proposed budget in advance of presentation to the System Board, and make recommendations to the System Board on all such financial matters. Additionally, this Committee will develop and present to the System Board recommended multi-year financing plans as provided in the Ordinance. This Committee shall be responsible for developing, implementing and monitoring policies and procedures regarding procurement and contracting for the CCHHS, including providing for appropriate

review of purchase contracts by this Committee. This Committee shall further develop its responsibilities and determine a plan to implement those responsibilities. This Committee shall consider other matters as may be assigned by the System Board.

- C. Human Resources: This Committee shall develop and monitor policies and procedures for the CCHHS related to personnel issues with regard to all employees, including physicians and dentists, within the CCHHS, including, but not limited to, position classification, compensation, recruitment, selection, hiring, discipline, termination, grievance, affirmative action, performance management, probationary periods, training, promotion and maintenance of records. This Committee shall receive and review the reports prepared by the CCHHS Chief of Human Resources. This Committee shall further develop its responsibilities and determine a plan to implement those responsibilities. This Committee shall consider other matters as may be assigned by the System Board.
- D. Quality and Patient Safety. The System Chief Executive Medical Officer/Director, the System Chief Operating Officer of Clinical Integration, Chief Operating Officer Hospital-Based Services, Chief Operating Officer Ambulatory Services, Medical Director of Ambulatory Services, the System Chief Executive Director of Nursing Officer, the President of the Medical Staff of each CCHHS hospital Affiliate, the Chief Medical Officer/Director of each Affiliate, the Chief Operating Officer of each Affiliate, the Chief Director of Nursing Officer of each Affiliate, and the System Director of Quality and Patient Safety shall be ex-officio members of this Committee without a vote and shall not be considered in determining a quorum. The Chair of this Committee or designee may serve as a member of the Joint Conference Committees of the Medical Staffs of the CCHHS hospital Affiliate. The Quality and Patient Safety Committee shall oversee the quality, safety and performance improvement programs of the CCHHS, with the goal of recognizing the critical importance of maintaining high quality service and patient and staff safety and satisfaction. This Committee shall receive reports on pertinent matters of quality, safety, satisfaction, regulatory and accreditation activities at least quarterly from the CCHHS Director of Quality and Patient Safety or designee, and shall report on such matters to the System Board. This Committee shall be responsible for serving as a liaison between the CCHHS' hospital Affiliate Medical Staffs and the System Board. The System Board delegates to this Committee the authority to consider and render a final decision with regard to applications for initial appointment or reappointment to membership on the hospital Affiliate Medical Staffs and for initial clinical privileges or the renewal or modification of clinical privileges; assignment of staff category, department and division; and any special conditions to the appointment or reappointment, consistent with the procedures set forth in applicable CCHHS policies and CCHHS hospital Medical Staff Bylaws. An additional purpose of this Committee is the full and candid discussion of matters which affect the CCHHS' hospital Affiliate Medical Staffs and the System Board. This Committee shall further develop its responsibilities and determine a plan to implement those

responsibilities. This Committee shall consider other matters as may be assigned by the System Board.

- (3) A Committee may create a Subcommittee. Subcommittees may be either Standing Subcommittees or Special Subcommittees. The motion creating a Subcommittee shall specify the subject matter of the Subcommittee and the number of members to be appointed thereto, and may specify a date upon which the Subcommittee shall be abolished.
- (4) Following each meeting of a Committee, the Committee Chair or designee shall submit minutes to the System Board for consideration at a meeting of the System Board. The System Board shall either approve or receive and file the Committee minutes. Approval of a Committee's minutes by the System Board shall constitute approval of the actions and/or recommendations contained in the minutes. Following each meeting of a Subcommittee, the Subcommittee Chair or designee shall submit minutes to the Committee for consideration at a meeting of the Committee. The Committee shall either approve or receive and file the Committee minutes. Approval of a Subcommittee's minutes by the Committee shall constitute approval of the actions and/or recommendations contained in the minutes.

(d) *Membership and officers of Committees and Subcommittees.*

- (1) The members and Chair of each Standing Committee shall be appointed annually by the Chair at or around the time of the System Board's Annual Meeting. The members and Chair of a Special Committee shall be appointed by the Chair as needed; and the Chair shall specify the subject matter of the Special Committee, and may specify a reporting date in which event the Special Committee shall be abolished. Unless an earlier date is specified by the Chair, Special Committees shall expire one (1) year after their creation. Committee members shall serve until the Chair appoints another member to serve in their place or they resign from the Committee or the System Board. The Chair may appoint non-Director members to a Committee.

The Committee Chair shall appoint the members of a Subcommittee and the Subcommittee Chair. The Committee Chair may appoint non-Director members to a Subcommittee. The non-Director member of a Committee or a Subcommittee shall not have a vote and shall not be considered for a quorum, but may serve as Committee or Subcommittee Chair. The appointment of Committee or Subcommittee members shall be effective immediately unless otherwise specified by the Chair or Committee Chair. Subcommittee members shall serve until the Chair appoints another member to serve in their place or they resign from the Subcommittee or the System Board.

In appointing non-Director members to a Committee or a Subcommittee, the Chair or Committee Chair, respectively, shall appoint individuals who possess expertise with regard to the Committee's or Subcommittee's responsibilities as set forth in these Rules. The non-Director member shall:

1. maintain confidentiality with regard to information obtained in his or her role as a non-Director member;
2. have a fiduciary duty to the CCHHS with regard to any activities arising out of his or her role as a non-Director member; and
3. abide by these Rules including, but not limited to, Rule 6, Conflict of Interest, and Rule 7, Official Position Statements.

- (2) The Chair shall be an ex-officio member, without voting rights, of each Committee to which the Chair is not an appointed member. The Chair shall not be considered in determining the presence of a quorum for a meeting of a Committee to which the Chair is not an appointed member, unless the Chair is appointed to serve as a substitute member in order to achieve a quorum pursuant to Rule 4, Organization, Section 4(d)(5).
 - (3) A vacancy on a Committee or Subcommittee or in the position of Chair of a Committee or Chair of a Subcommittee shall be created when a Director resigns from such position or ceases to be a Director or, in the case of a non-Director Chair, when such Chair resigns from such position. Resignations shall be made in writing to the Secretary to the Board, who shall promptly notify the Chair and all Directors.
 - (4) Vacancies on Committees or in the position of Committee Chair shall be filled by the Chair. Vacancies on Subcommittees or in the position of Subcommittee Chair shall be filled by the Chair of the Committee which created the Subcommittee.
 - (5) The Committee Chair or Subcommittee Chair shall have the authority to call and preside at meetings of their respective Committee or Subcommittee. In the event the number of Directors in attendance at a scheduled meeting of a Committee or Subcommittee is smaller than the number required for a quorum, the Committee Chair or Subcommittee Chair shall have the authority to appoint any Director in attendance at that meeting to serve as a substitute member of that Committee or Subcommittee, for purposes of that meeting only, to the extent necessary to achieve a quorum. Such substitute member shall have voting rights and shall be counted in determining whether a quorum is present.
 - (6) Any Director physically present at a meeting or participating by audio or video conference by consent of a majority of the quorum of Directors present and voting, even if not a member of a Committee or Subcommittee, shall be afforded the courtesy of participating in debate on any item before a Committee or Subcommittee.
- (e) *Public hearings.* The System Board may hold public hearings as it deems appropriate to the performance of any of its responsibilities. Such public hearings may be held provided that the following requirements are satisfied:
- (1) a notice containing the time, place and subject matter of the hearing and solicitation of pertinent public testimony shall be placed on the CCHHS' website and provided to the County for posting on its website.

- (2) any other applicable meeting notification requirements found elsewhere in these Rules or law.
- (f) *Discharge from a Committee by the System Board.* The System Board may discharge any matter from a Committee.

Rule 5. Parliamentary rules.

- (a) *Meetings.*

The System Board shall hold regular meetings pursuant to an annual calendar set by the System Board prior to December 1st of each year. Such calendar shall include the date, time, and location of each regular meeting. Election of System Board officers for the next year shall take place at the Annual Meeting in July. The date of a regular meeting or the Annual Meeting may be changed by consensus of the Directors as ascertained by the Secretary to the Board. Notice of the rescheduling of a regular meeting or the Annual Meeting shall be as provided in this Rule 5, Parliamentary rules, Section (g), Prior notice to public; agendas.

It shall be the duty of the Chair to call Special meetings of the System Board whenever the Chair determines such meetings are necessary. It shall also be the duty of the Committee or Subcommittee Chair to call special meetings of a Committee or Subcommittee whenever the Committee or Subcommittee Chair determines such meetings are necessary. In addition to any notice required by the Open Meetings Act or other applicable law, the Chair must give no less than two (2) business days advance written notice of such Special meetings to the Directors and to the public.

Special meetings of the System Board shall also be held whenever requested by at least one-third of the Directors currently appointed. In addition to any notice required by the Open Meetings Act or other applicable law, the Secretary to the Board or designee must give no less than two (2) business days advance written notice of such Special meetings to the remaining Directors.

A Special meeting of the System Board may be called in the event that the Chair or one-third of the Directors currently appointed states that an emergency exists. A Special meeting of a Committee may be called in the event that the Committee Chair or one-third of the Directors currently appointed to the Committee states that an emergency exists. The Secretary to the Board or designee must give no less than twenty-four (24) hours advance written notice to the Directors and to the public, unless such notice is not reasonable under the circumstances. In such case notice shall be given as soon as practicable.

- (1) All notices of Special meetings must include an agenda for such meeting.

- (2) A quorum of Directors must be physically present at the location of a meeting of the System Board, its Committees or Subcommittees.

If a quorum of the Directors is physically present at a meeting of the System Board or one of its Committees or Subcommittees, a majority of the Directors present and entitled to vote may allow a Director to attend the meeting by other means if the Director is prevented from physically attending because of: (i) personal illness or disability; (ii) employment purposes or the business of the public body; or (iii) a family or other emergency. "Other means" is by video or audio conference.

If a Director wishes to attend a meeting by other means, the Director must notify the Secretary to the Board before the meeting unless advance notice is impractical.

Non-Director members of a Committee or Subcommittee may participate by other means at the discretion of the Committee or Subcommittee Chair.

- (b) *Presiding officer.* The Chair shall preside at all meetings of the System Board and shall generally perform the duties customarily performed by a presiding officer. In the absence of the Chair, or during the temporary inability of the Chair to act, the Vice-Chair shall preside at meetings of the System Board. If both the Chair and the Vice Chair are unable to preside at the meeting, the System Board shall appoint a Director to preside at that meeting. In the absence of a Committee or Subcommittee Chair, or during the temporary inability of the Committee or Subcommittee Chair to act, the Directors of that Committee or Subcommittee shall appoint a Director who is a member of that Committee or Subcommittee to preside at that meeting.
- (c) *Quorum.* A majority of the Directors shall constitute a quorum for a meeting of the System Board. A majority of Directors appointed to any Committee or Subcommittee shall constitute a quorum for a meeting of such Committee or Subcommittee. Directors in attendance at a meeting of a Committee or Subcommittee who are appointed to serve as substitute members of that Committee or Subcommittee pursuant to Rule 4, Organization, Section (d)(5), Membership and officers of Committees and Subcommittees, shall be considered in determining whether a quorum is present.
- (d) *Majority votes.* Actions of the System Board shall require the affirmative vote of a majority of the Directors present and voting at the meeting at which action is taken. Actions of a Committee or Subcommittee of the System Board shall require the affirmative vote of a majority of the Directors present and entitled to vote at the meeting at which action is taken. A vote of "present" shall not be counted in determining the number of Directors voting on a question.
- (e) *Absence of quorum.* Should a quorum not be present at any meeting of the System Board or at any Committee or Subcommittee meeting, the meeting shall not thereby stand adjourned, but the Directors present shall be competent to adjourn, receive information or public testimony but take no formal action, or recess the meeting to a specified date and time by a majority vote of those Directors present and entitled to vote.

(f) *Order of business.*

(1) At each regular meeting of the System Board, the order of business (unless otherwise directed by leave of the System Board) is as follows:

- (A) Call to Order and Roll Call
- (B) Public Speakers
- (C) Approval and correction of minutes of previous meetings, and approval of Committee Meeting Minutes
- (D) Action Items
- (E) Recommendations, Discussion/Information Items
- (F) Report of the Chairman
- (G) Report of the Chief Executive Officer
- (H) Closed Session, as needed
- (I) Adjournment

(2) All questions relating to the priority of business shall be decided by the presiding officer, without debate, subject to appeal.

(g) *Public speakers.*

The System Board shall allow any person an opportunity to address the Directors. The System Board may grant members of the public leave to speak for up to three (3) minutes on items pending before the System Board. Public speakers must register to speak with the Secretary to the Board prior to the start of the meeting and will be called in the order in which they register. At the discretion of the presiding officer, public speakers may speak at the beginning and/or at the end of the agenda for the meeting. In the event the number of public speakers registered requires time beyond that allotted for the agenda, the Directors may recess or adjourn to a day certain to complete hearing public testimony or allow the members of the public to submit written testimony in lieu of speaking before the Board.

(h) *Prior notice to public; agendas.*

(1) No less than two (2) full business days before any meeting of the System Board or of a Committee or Subcommittee, notice and an agenda for such meeting shall be provided to the Chair, all Directors and all news media that have requested notice of meetings and shall be posted at the principal office of the System Board and at the location where the meeting is to be held. In addition, notices and agendas of all meetings shall be posted on the CCHHS website, if available, and provided to the County for posting on its website.

(2) The agenda shall briefly describe all matters that will be considered at the meeting. Material pertinent to a matter on a System Board agenda shall be supplied, along with the agenda, to the Chair and to each of the Directors, and all material pertinent to any

matter on a Committee or Subcommittee agenda shall be supplied, along with the agenda, to each member of the Committee or Subcommittee. With the exception of materials that are confidential as provided by law, such material shall also be available to the public upon request.

- (3) Matters may be placed on the agenda of a System Board meeting by the Chair or any Director. Committee minutes shall be placed on the agenda of a System Board meeting by the Committee Chair or designee. Matters may be placed on the agenda of a Committee or Subcommittee meeting by a Director who is a member of the Committee or the Subcommittee or by the Chair, in his ex-officio capacity.
- (4) Matters may be placed on an agenda not later than noon of the day previous to the day on which that agenda is required to be distributed by the Secretary to the Board or at the discretion of the Chair.

It shall be the duty of the Secretary to the Board or designee to prepare, post, and distribute all agendas for meetings of the System Board, and for Committee and Subcommittee meetings.

- (5) When practicable, and with the exception of materials that are confidential as provided by law, materials pertinent to a matter on an agenda for meetings of the System Board and its Committees and Subcommittees which have already been distributed to the Directors as part of their back-up material may be posted on the CCHHS website prior to the meeting. Following the meeting, documents presented at the meeting that were not posted to the CCHHS website in advance, with the exception of materials that are confidential as provided by law, may be posted to the CCHHS website.
- (i) *Decorum.* The presiding officer shall preserve order and decorum, may speak to points of order in preference to other Directors, and shall decide all questions of order, subject to appeal. A Director shall confine herself or himself to the matters before the System Board, avoid personalities, and in general observe all parliamentary rules pertaining to orderly procedure and decorum.
 - (j) *Recognition for debate.* A Director desiring to obtain the floor shall address the presiding officer. If two or more Directors shall properly request recognition, the presiding officer shall recognize the one who first spoke. A Director shall not proceed with remarks until recognized and named by the presiding officer. The Chair and all Directors shall be given a full opportunity to participate in the debate on all debatable questions, except when a Director has called the previous question.
 - (k) *Debate.* No Director shall speak more than twice or longer than a total of ten minutes on the same question, without leave of the System Board. Responses by witnesses and CCHHS staff to questions of a Director shall not be counted against the speaking time allotted to such Director. The proponent of the item under consideration, or a Committee Chair whose report is under consideration, as the case may be, shall have the right to open and close debate.

(l) *Voting and roll call.*

(1) If any Director requests it, a roll call upon any question shall be taken and entered in the minutes, but, unless otherwise required by law, a roll call shall not be taken unless called for prior to, during or immediately after any vote on the question.

(2) A roll call once ordered shall not be interrupted. When a roll call has commenced, all debate on the question shall be deemed concluded. During the taking of the roll call, Directors shall respond to the calling of their names by answering "yea," "nay," or "present."

(m) *Division of questions.* If any question presented contains several separable propositions, a demand by any Director to "divide the question" shall be in order.

(n) *Appeal from a ruling of the presiding officer.* Any Director entitled to vote may appeal to the System Board, Committee or Subcommittee from a ruling of the presiding officer. The Director making the appeal may briefly state the reason for the appeal, and the presiding officer may briefly explain the ruling; but there shall be no debate on the appeal and no other Director shall participate in the discussion. The presiding officer shall then put the question, "Shall the decision of the Chair [Committee Chair] be sustained?" If a majority of Directors, including the presiding officer, provided he or she is a Director, and the Director bringing the appeal, vote "nay," the decision of the presiding officer shall be overruled; otherwise, it shall be sustained. If sustained, the ruling of the presiding officer shall be final.

(o) *Personal privilege.* The right of a Director to address the System Board, a Committee or Subcommittee on a question of personal privilege shall be limited to cases in which the Director's integrity, character, or motives are assailed, questioned, or impugned.

(p) *Special order of business.* Any matter before the System Board, a Committee, or Subcommittee referenced in an agenda provided to the Directors and the public in accordance with these rules may be taken out of order by the presiding officer.

(q) *Order of precedence during debate.* When a question is under debate, the following motions shall be in order and shall have precedence over each other in order, as listed:

(1) To adjourn to a day certain (amendable, debatable).

(2) To adjourn.

(3) To take a recess (debatable).

(4) To lay on the table.

(5) To call the previous question.

(6) To refer (debatable).

(7) To amend (amendable, debatable).

(8) To defer to a time certain (debatable).

(9) To defer indefinitely (amendable, debatable).

- (r) *Motion to adjourn.* A motion to adjourn is always in order except:
 - (1) When a Director has the floor.
 - (2) When the roll is being called or the Directors are voting.
 - (3) When the previous motion was a motion to adjourn.
 - (4) When the "previous question" has been ordered.
- (s) *Motion to reconsider.*
 - (1) A vote or question may be reconsidered at any time during the same meeting, at a Special meeting called to reconsider the vote or question held prior to the next regular meeting or at the next regular meeting.
 - (2) A motion for reconsideration, having been once made and decided in the negative, shall not be renewed, nor shall a motion to reconsider be reconsidered.
 - (3) A motion to reconsider must be made by a Director who voted on the prevailing side of the question to be reconsidered.
- (t) *Amendment or suspension of Rules.*
 - (1) *Suspension of Rules.* Any provision of these Rules may be temporarily suspended by a majority vote of the Directors present and entitled to vote at a System Board meeting or meeting of a Committee or Subcommittee, upon motion of any Director specifying the rule to be suspended.
 - (2) *Amendment of Rules.* The provisions of these Rules may not be altered or amended in whole or in part except as provided herein. A proposed amendment to the Rules may originate from any Director. The proposed amendment shall be sent in writing to the Chair and to the Secretary to the Board. The Secretary shall place the proposed amendment on the agenda of the next regular meeting of the System Board with notice as provided in these Rules. The proposed amendment is approved by the affirmative vote of a majority of the quorum of Directors present and entitled to vote. An amendment to the Rules shall take effect and be in full force upon approval by the System Board unless otherwise specified.
- (u) *Rules for Committee and Subcommittee meetings.* Unless otherwise specified in these Rules, the rules of procedure for all Committee and Subcommittee meetings shall be the same as for System Board meetings.
- (v) *Robert's Rules of Order.* The rules of parliamentary practice set forth in "Robert's Rules of Order" (Newly Revised) by Henry M. Robert III, *et al.*, shall govern the System Board in all cases in which they are applicable and not inconsistent with the provisions of these Rules.

- (w) *Recordings of meetings.* The Secretary to the Board or designee is responsible for audio recording all meetings of the System Board or of a Committee or Subcommittee. The audio recordings of public meetings of the System Board shall be retained by the Secretary to the Board or designee. Audio recordings of meetings other than closed sessions shall be available for review upon written request to the Secretary to the Board or designee. Audio recordings of closed sessions shall be retained by the Secretary to the Board or designee in a secure fashion and shall not be available to any person except as required by law.

Rule 6. Conflict of Interest.

While serving on the System Board, Directors shall act in the best interest of the CCHHS in all matters relating to the CCHHS. The provisions of the Cook County Ethics Ordinance, the CCHHS Standard of Conduct (Code of Ethical Conduct) that supplements the Cook County Ethics Ordinance and the CCHHS Conflict of Interest policy shall apply to the Directors. Each Director shall annually affirm that they: (i) have received a copy of the CCHHS Conflict of Interest Policy (“Policy”); (ii) have read and understand the Policy; and (iii) agree to comply with the Policy. Each Director shall also annually complete a Disclosure of Interest Statement which shall be submitted to the CCHHS Chief Compliance Officer. The Directors may adopt a Professional and Ethical Protocol consistent with the Ethics Ordinance.

Any Director or non-Director member of a Committee or Subcommittee who has a conflict of interest in a matter involving the System shall declare the conflict to the System Board, or a Committee or Subcommittee, in open session, shall disclose the basis for the conflict and shall refrain from participating in the consideration of the matter, except as the Director may be called upon for information.

Rule 7. Official Position Statements

Official position statements of the System Board will be made only after concurrence of a majority of the Directors and shall be issued only through the Chair or the Chair’s designee.

July 23, 2008 – Rules of the System Board were approved, as amended

August 7, 2008 – Amendments to the Rules of the System Board were approved, as amended

September 5, 2008 – An Amendment to the Rules of the System Board was approved

May 31, 2012 – Amendments to the Rules of the System Board were approved

August 9, 2012 – Amendments to the Rules of the System Board were approved

September 5, 2012 - Amendments to the Rules of the System Board were approved

Cook County Health and Hospitals System
Minutes of the Annual Meeting of the Board of Directors
July 26, 2013

ATTACHMENT #2



Star Fiscal Year 2013

Quarter 2 Report

Cook County Health and Hospitals System

July 17th, 2013



Agenda

- Introduction and Overview
- Review of Metrics
 - Inpatient Services
 - Outpatient Services
 - 1115 Waiver/Managed Care
 - Shared Services

Performance Metrics Viewed in Four Activity Areas and Four Domains

	Inpatient	Out-patient	Shared Services	Waiver/ Managed Care
Operational Efficiency	Productivity, cycle time and efficiency measures that track health of core system activities			
Patient Satisfaction	Survey measures that track patient perceptions of experiences with system			
Quality/Health Outcomes	Health measures that track patient and system outcomes			
Financial Stability	Financial measures that track overall financial health of system and individual cost centers			

Introduction- STAR Leadership

Lead	Operating Area
Ramanathan Raju, MD	Leadership
Jay Shannon, MD	Leadership
Tony Rajkumar	Leadership
Claudia Fegan, MD	Medical Director
Gladys Lopez	Human Resources
John Cookinham	Finance
Mary Sajdak	Managed Care
Krishna Das, MD	Quality

Inpatient Services

John H. Stroger, Jr. Hospital
Provident Hospital
Cermak Health Services

Inpatient Services – Operational Efficiencies

Indicator	FY 2011 Actual	FY 2012 Actual	FY 2013 Q1 Actual	FY 2013 Q2 YTD Actual	2013 Target	2013 Q2 Variance
Stroger						
Emergency dept. volume	138,950	140,781	34,352	68,425	-	-
ED Wait to be seen (minutes)	172	135	117	110	120	-8%
% Left w/o being seen (LWBS)	12.3%	10%	9.5%	7.5%	8%	-0.5%
% of patients with LOS > 7 d		13%	18.2%	-	12%	-
Provident						
Emergency dept. volume	36,934	36,833	8,685	17,566	-	-
ED wait to be seen (minutes)	121	145	156	129	120	8%
% Left w/o being seen (LWBS)	9.8%	10%	11.2%	7.3%	8%	-0.7%
Cermak						
Health Nurse face to face assessment completed (hours)	-	68	92	88	24	267%

Inpatient Services – Patient Satisfaction

Affiliate/ Indicator	CY 2012 Q3 Actual	CY 2012 Q4 Actual	CY 2013 Q1 Actual	2013 Target	2013 Q1 YTD Variance
Stroger					
% Patients 'definitely' recommend this hospital	61%	59%	64%	70%	-6%
Provident					
% Patients 'definitely' recommend this hospital	70%	65%	56%	70%	-14%

Affiliate/ Indicator	CY 2012 Q3 Actual	CY 2012 Q4 Actual	CY 2013 Q1 Actual	2013 Target	2013 Q1 YTD Variance
Cermak					
% of grievances responded to in 10 days	96%	95%	85%	95%	-10%

Inpatient – Quality of Care

Affiliate/ Indicator	CY 2012 Q3 Actual	CY 2012 Q4 Actual	CY 2013 Q1 Actual	2013 Target	2013 Q1 Variance
Stroger					
Heart failure care measures	95.3%	97.8%	96.7%	97%	-0.3%
Pneumonia care measures	86.4%	85.2%	95.6%	95.5%	0.1%
Surgical care measures	96.5%	96.8%	97.8%	98.3%	-0.5%
Provident					
Heart failure care measures	95.9%	92.4%	94.2%	97%	-2.8%
Pneumonia care measures	100%	94.4%	89.2%	95.5%	-6.3%
Surgical care measures	100%	98.9%	98.7%	98.3%	0.4%

Affiliate/ Indicator	CY 2012 Q3 Actual	CY 2012 Q4 Actual	CY 2013 Q1 Actual	2013 Target	2013 Q1 Variance
Cermak					
% patients incarcerated > 120 days with HgA1C < 7%	44%	51%	48%	43%	5%

Inpatient Services– Financial Stability

Indicator	FY 2012 YE	FY 2013 Q1	FY 2013 Q2	FY 2013 Target	FY 2013 Q1 Variance
Inpatient Billing					
Inpatient gross days in revenue outstanding	142	105	101	88	15%
No. of inpatient accounts not final billed (DNFB) after discharge	491	456	488	0	-
DNFB > 5 days (\$)	\$1.1 M	\$1.9 M	\$2.8 M	0	-

Outpatient Services

Ambulatory and Community Health Network
Ruth M. Rothstein CORE Center
Cook County Department of Public Health

Outpatient Services – Operational Efficiencies

Affiliate/ Indicator	FY 2011 YE Actual	FY 2012 YE Actual	FY 2013 Q1 Actual	FY 2013 Q2 Actual	2013 Target	Q2 2013 Variance
ACHN						
No. of days to 3 rd next available appointment for new patients (GMC)	12	101	104	130	30	333%
No. of patients referred and waiting > 21 days for gynecology clinic	1,509	1,686	1,829	1,210	1,200	1%
CORE						
% of new patient visits scheduled within 10 business days	100%	99%	100%	100%	100%	0%

Outpatient Services – Quality of Care

Affiliate/ Indicator	2012 Q3 Actual	2012 Q4 Actual	2013 Q1 Actual	2013 Target	2013 Q1 Variance
ACHN					
% of up-to-date vaccinations in children at 24 months	82%	78%	-NA	72%	-NA
% of diabetics age 18-65 with at least one HgA1C in the last year	89%	87%	88%	82%	6%
% of diabetics age 18-65 with HgA1C > 9	21%	24%	26%	<29%	-3%
CORE					
No. of eligible patients having routine opt-out HIV test	17,231	17,943	18,167	28,000	-35%
% of patients on ART with most recent viral load of < 1000	90%	87%	84%	>90%	-6%

Outpatient Services– Financial Stability

Indicator	FY 2012 YE Actual	FY 2013 Q1 Actual	FY 2013 Q2 Actual	2013 Target	Q2 2013 Variance
Outpatient Billing					
Outpatient gross days in revenue outstanding	126	90	86	108	-20%
No. of unbilled outpatient accounts	189,605	93,892	81,728	0	-
Unbilled accounts (\$)	\$17.8 M	\$17.9 M	\$15.2M	0	-
CORE					
% of patients receiving HIV meds from CORE pharmacy*	6.99%	4.1%	4.1%	< 10%	-6%

* Subsidized through County budget; savings of \$60 million

Managed Care / 1115 Waiver

Managed Care /1115 Waiver

Proposed Performance Metrics Viewed in Four Domains

Operational Efficiency

- % of patients who successfully received an outreach call
- % of patients who received a post-discharge appointment

Patient Satisfaction

- % call center call which are abandoned while on hold
- Member complaints by reason for complaint

Quality/Health Outcomes

- % of diabetics with HgA1C < 9%
- % of Pap smears done within previous three years in women 21-64

Financial Stability

- Quarterly costs below PMPM
- Quarterly revenue meets budget target

Managed Care – Operational Efficiency

Domain	Specific Outcome	Q1 2013 Actual	Q2 2013 Actual	2013 Target
Operational Efficiency				
	Received outreach call	52%	72%	100% (for 3 rd call)
	Received post-discharge appt.	-	69%	75%

Managed Care – Patient Satisfaction

Domain	Specific Outcome	Q1 2013 Actual	Q2 2013 Actual	2013 Target
Patient Satisfaction				
	Calls abandoned while on hold	7%	7%	< 7%
	Member complaints	NR	10*	

*Reasons for complaint:

- PCP site (5)
- Complaint about CountyCare Program (2)
- Incorrect patient information (2)
- Incorrect information in the approval letter (1)

Managed Care – Financial Stability

Domain	Specific Outcome	Q1 2013 Actual	Q2 2013 Actual	2013 Target
Financial Stability				
	Quarterly Costs below PMPM	NR	Expenses: \$518 pmpm	Revenue: \$628 pmpm
	Quarterly revenue meets budget target	NR	\$23.3 M	\$22.6 M

Shared Services

Human Resources

Finance

Information Technology

Shared Services – Human Resources

	Q1 2013	Q2 2013
Vacancies Filled	154	196
1115 Waiver Vacancies Filled	61	45
Housestaff Processed	NA	92*

* Currently Processing residents scheduled to begin July 1st, 2013

Shared Services – Financial Stability

Indicator	2012 Actual	Q1 2013 Actual	Q2 2013 Actual	Q2 2013 Target	Q1 2013 Variance
Total cash received from all sources (\$M)	578.2	101	208	213	-2%
Medicare	62.2	13	29	26	12%
Medicaid	132.2	27	59	68	-13%
Private Payer	20.8	7	13	11	18%
BIPA	131.2	0.15	.2	-	-
Physician Billing	6.2	2.4	4.9	6.0	-18%
DSH + DSH Retroactive	170.5	38	79	75	5%
Meaningful Use	9.6	7	8.2	4.0	105%

Questions & Wrap Up

Cook County Health and Hospitals System
Minutes of the Annual Meeting of the Board of Directors
July 26, 2013

ATTACHMENT #3



RAM RAJU, MD, MBA, FACHE, FACS
CHIEF EXECUTIVE OFFICER
COOK COUNTY HEALTH AND HOSPITALS SYSTEM
REPORT TO THE BOARD OF DIRECTORS
July 26, 2013

COUNTYCARE UPDATE

We just passed the six month mark of enrolling eligible adults in CountyCare, a program designed to expand coverage under the Affordable Care Act. I am happy to report that our hard work, dedication to our patients and the larger community is paying off.

To date, we have more than 76,000 applications initiated and we continue to work closely with the State of Illinois on getting people enrolled into the program.

CountyCare is a critical step in the massive transformation of our system. We must adapt to the new way of providing care to ensure that the public health system, a critical player in the health of our communities, remains a viable and valued partner.

JOINT COMMISSION ACCREDITATION UPDATE

Stroger Hospital underwent an unannounced accreditation survey by the Joint Commission on November 3rd, 2012. As often happens, the surveyors identified several areas for improvement. The required improvements were made and the results monitored for 4 months. We received notification on 9th July that we had received a designation of 'Accredited' by the Joint Commission with a certificate valid for 3 years from the original survey, or until November 2015.

Provident Hospital will not be up for accreditation until October of 2014.

The Ambulatory Health Network is now eligible for their triennial survey. The last ACHN survey was in April of 2011, and typically a survey will take place anywhere between 27 and 36 months following the previous survey. These are unannounced surveys and we emphasize continual readiness. At the same time, we plan to give extra attention to areas which surveyors are usually interested in, such as the building safety systems and infection control, and we will be reassessing all our policies and procedures to ensure they comply with current law and regulation. We also review reports of previous surveys to ensure that corrective measures required from previous surveys were implemented completely and are showing sustained results.

The Joint Commission has deeming authority from CMS, and this means that being accredited by Joint Commission signifies that we are in compliance with all of the Medicare hospitals conditions of participation.

LEGISLATIVE UPDATE

On Monday, July 22nd, I joined Governor Quinn as he signed SB26 into law and had the opportunity to speak about the importance of the legislation to the transformation of the Cook County Health and Hospitals System. SB26, commonly referred to as the Medicaid Expansion bill, enacted a critical part of the Affordable Care Act by expanding Medicaid coverage to a new population of eligible adults in Illinois. Attending the press conference were bill sponsors Senator Heather Steans and State Representative Sara Feigenholtz, along with Senator Jackie Collins, Senator Iris Martinez and State Representative Barbara Flynn Curie. Also in attendance were Illinois Department of Healthcare and Family Services Director, Julie Hamos, Illinois Department of Public Health Director Dr. LaMar Hasbrouck, Illinois Hospital Association President/CEO Maryjane Wurth and SEIU Healthcare President Keith Kelleher.

FY2014 BUDGET UPDATE

Budget Director Aaron Galeener and his staff have been meeting internally for several weeks with CCHHS Departments and evaluating our needs for the coming fiscal year. CCHHS's Budget Department recently began discussions with the County Budget Office on the FY 2014 budget. Those discussions are on-going and we expect to finalize our budget by early August. The proposed FY2014 CCHHS Budget will be presented to the CCHHS Board of Directors for review and consideration and then to the Cook County Board for consideration and approval. Below is the anticipated Budget timeline:

August

- Final decisions made to reach CCHHS budget target
- FY2014 Budget Proposal presented to CCHHS Board Finance Committee
- CCHHS Budget Public Hearings

August/September

- FY2014 Budget Proposal considered by CCHHS Board of Directors

September

- CCHHS Budget Recommendation introduced to CC Board
- CC Finance Committee meeting on CCHHS Budget Recommendation

October

- CC Board initial approval of CCHHS FY2014 Budget
- President's FY2014 Budget Recommendation introduced to CC Board
- CC Finance Committee Public Hearings on President's Budget Recommendation

November

- CC Finance Committee Departmental & Agency Budget Hearings
- CC Board Amendment Process
- CC Annual Appropriation Ordinance Approval

ORAL HEALTH UPDATE

CCHHS provides general dental services at the CORE Center, Cermak Health Services and at the Juvenile Temporary Detention Center (JTDC). General dental services are also provided at the Bridgeview and Rolling Meadows courthouses, the Ford Heights-ACHN Cottage Grove Clinic and at Community Health's West Town Clinic. Oral Surgery is performed at Stoger Hospital.

In 2012, CCHHS entered into a collaborative agreement with Community Health to expand and enhance dental services for Cook County residents through utilization of Community Health's two Chicago dental clinics located in West Town and Englewood.

In July 2013, CCHHS relocated services from Maywood to Community Health's West Town location. This move created access to oral health services for Chicago residents as well as west suburban Cook residents. Prior to this change, access to comprehensive dental services was provided by CCHHS only at locations suburban Cook County.

Renovation of Community Health's Englewood Clinic is expected to complete by January 2014 and will further expand oral health care services provided by CCHHS.

CCHHS's collaboration with Community Health expands community-based preventive and comprehensive oral health services in Cook County and maximizes existing provider capacity. Creation of these type public-private partnerships help to strengthen and enhance the dental care delivery system for our patients.

RECOGNITION

This month I would like to recognize four members of our Human Resources Staff. The following individuals played a critical role in the annual on-boarding of our House Staff earlier this month.

Sandra Hernandez – Human Resources Specialist, started her career with CCHHS on June 17, 2013 in the middle of House Staff processing. She did not hesitate to jump right in and assist where and when she could. She brings eight years of Human Resources experience to the organization and has already proven to be an asset to the team.

Jasmaine Ison – Human Resources Specialist, has been with the Human Resources Department since November 8, 2010. Ms. Ison started her career as a Receptionist and quickly proved to be an outstanding employee. After completing one year of service, the opportunity to apply for a Human Resources Specialist position became available. Ms. Ison applied and was promoted into the position. This year, her role in House Staff processing ensured that our new physicians records were complete allowing for them to be on-boarded by July 1st.

Ermis Maldonado – Human Resources Receptionist, began her employment as a temporary employee and immediately proved to be the type of person the HR department needed at the Front Desk to welcome and interact with both internal and external customers. When the position became available on a full time basis, Ms. Maldonado applied and on April 23, 2013 she became a permanent member of the HR team. Referred to, by some staff, as "Mama Ermis", she is attentive to the needs of employees and customers alike. She is professional and adept at multi-tasking in a

very busy environment. Ermis was an integral member of the HR team during House Staff processing, lending support by providing up-to-the minute reports on the status of the processing operation.

Kamini Patel – Human Resources Specialist, has been employed with the County since April 8, 1991. She began her career in the Labs and in 1995 transferred to the Human Resources Department. In 2010 when the HR Department was restructured, she applied for and was promoted into her current position of HR Specialist. Ms. Patel is detailed oriented and like her co-workers is an important member of the HR team. Ms. Patel worked quickly and efficiently during the processing of the incoming House Staff and made sure that all required documents were submitted and processed.

I thank them for their hard work and their commitment to the Cook County Health and Hospitals System.